PLANNING MENTAL HEALTH SERVICES: ASSESSING THE PROCESS AND THE RESULTS

A case study of the PsycHealth Centre at the Health Sciences Centre

Winnipeg Regional Mental Health Council

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EXECUTIVE SUMMARY

I. Description

This report contains a case study of the process utilized to plan mental health services in Winnipeg. The focal case is the development of the Psychealth Centre at the Health Sciences Centre.

II. Method

Information was gathered through comprehensive review of documents and meetings with a broad range of organizations which were involved in the planning or the delivery of similar services.

III. Findings

(1) The planning process involved a premature decision on a solution (expansion of the Health Sciences Centre bed and outpatient capacity) in the absence of a rational planning process.

- No specification of ultimate goals.
- Inadequate assessment of need.
- No articulation of immediate objectives.
- No consideration of alternatives.
- Inadequate attempts to improve co-ordination.
- No efforts to maximize the effectiveness of existing programs.
- No concern with system-wide and province-wide issues.

(2) Inadequate evidence that additional capacity at the Health Sciences Centre represents the optimal allocation of resources.

(3) Additional allocation of resources to the Health Sciences Centre is contrary to the announced government policy of redressing the imbalance between hospital-based and community-based services and between the services available in Winnipeg and those provided in other regions of the province.

IV. General Recommendations for Planning

Rational planning of mental health services depends upon the following essential components:

- Clearly stated principles and policies.
- An explicit planning model.
- Needs assessment for the region and the province.
- Consideration of alternative models of service delivery.
- Consideration of availability of human resources.
- Evaluation of existing programs.
- Wide consultation during the planning process.
- Flexible allocation of resources.
- Administration and planning knowledge base.
- Appropriate training settings for the future.
- Direction and coordination of service.

V. Specific Recommendations for the New Health Sciences Centre Facility

(1) No additional beds or staffing for the Health Sciences Centre.

(2) Use of resources originally allocated to expansion of child and adolescent services at the Health Sciences Centre for enhancement of community-based services for populations of children and adolescents with critical levels of need.

(3) Use of resources originally allocated to expansion of forensic services at the Health Sciences Centre to improve these services elsewhere in the service system in consultation with correctional and mental health service providers.

(4) Use of resources originally allocated to the expansion of adult services at Health Sciences Centre for enhancement of community-based services for adults in Winnipeg and other regions.

(5) Efforts to re-orient existing programs at the Health Sciences Centre to meet changing needs.

BACKGROUND

One of the major roles of the Regional Mental Health Councils appointed by the Minister of Health is to make recommendations regarding the planning and coordination of mental health services for the designated region. As stated in the terms of reference of the Councils:

> "The purpose of the Councils is to act in an advisory capacity and to encourage citizens in the regions to participate in the development of recommendations for comprehensive and cost effective mental health services. It will develop recommendations for the setting of mental health priorities and resource coordination for the region." (page 2)

In carrying out its mandate in this area, the Winnipeg Regional Council decided to begin by developing an understanding of the planning and coordination processes which had been used in the recent past and to evaluate the strengths and the weaknesses of these processes. It was agreed that the best way to do this was to focus on the planning for the major renewal of the psychiatric facilities at the Health Sciences Centre as a case study. This had the added advantage of allowing the Council to become more familiar with the largest facility in the region and with the plans for the largest addition of new resources to the mental health sector for many years. Since the Health Sciences Centre as a tertiary care centre provides services to all regions of the province, the Council also considered the planning and coordination process from a provincial perspective.

In making recommendations arising from the review, the Council was guided by Department of Health policies which have been stated over the years. The most recent statement of these policies is in the document released by the Minister of Health titled A New Partnership for Mental Health in Manitoba (November, 1988), one of the "Partners for Health" policy papers.

PROCESS OF THE STUDY

The study was initiated in December, 1989 with discussions on the Council and then a formal request for information about the planning process from the Deputy Minister of Health, the President of the Health Sciences Centre, and the Chairperson of the Manitoba Health Services Commission. The Council then arranged a series of meetings with major groups involved in planning including: staff of the Health Sciences Centre (Dr. William Bebchuk, Head of Psychiatry, Health Sciences Centre and University of Manitoba and Dr. John Horne, Vice President for Strategic Planning), staff of the Manitoba Health Services Commission (Mr. Sean Drain, Acting Director, Urban Health Facilities Division), and staff of the Department of Health,

Mental Health Division (Mr. Reg Toews, Assistant Deputy Minister for Mental Health; Dr. Rudy Ambtman, Director of Clinical Programs; and Dr. Anwar Islam, Coordinator, Management Information System).

Once the material about the overall planning approach had been reviewed, it was decided to review the planning for the major new program elements in more depth (the 20 new forensic beds, the 10 new adolescent beds, the 12 - 15 space adolescent day hospital, and expanded outpatient capacity in adult, forensic, and child and adolescent services). The Council's view was that, in developing new programs, particular attention should be focused on how they are aligned with other elements of the service system in order to enhance the effectiveness of the system as a whole. A Planning and Coordination Subcommittee was struck to meet with some of the key players in the fields of Child and Adolescent Mental Health Services and Forensic Psychiatry Services and to gather additional information about the planning and coordination process.

It should be noted that the planning for the new facility dates back many years and that in every area of responsibility there has been almost a complete change in staff. Many of the persons we spoke to or obtained information from were at a more junior level of responsibility when the planning took place. Fortunately, in many areas, we were able to contact persons who had some involvement in the planning process at an early stage. We were not able to meet with the original actors involved in the early stages of the planning process in our consideration of the development of the additional forensic and child and adolescent services.

As can be seen from the process outlined above, information was obtained both in writing (by formal request), this being of a more general nature, and through face-to-face meetings with various groups involved in the process. Often information gained in the meetings was more specific and related to personal inputs and the opinions of those attending the meetings. These meetings were minuted and every effort was made not to misreprestent opinions expressed. The minutes were then forwarded to those guests who attended meetings for their comments prior to the acceptance of the minutes as a fair representation of the proceedings.

A BRIEF HISTORY OF THE PROJECT

A new facility to replace the seriously deteriorating facilities at the Health Sciences Centre was recommended in the Report of the Mental Health Working Group (the Pascoe Report) in 1982. This was in the context of definitive recommendations to move towards a mental health system with a much stronger emphasis on

community based and regional programs and reallocation of existing resources toward these priorities. The initial recommendation was for replacement of existing facilities at the Health Sciences Centre.

Our review suggests that there were three major groups involved in the planning for the new facility at the Health Sciences Centre: the Health Sciences Centre planning group, the Manitoba Health Services Commission (MHSC), and the Mental Health Directorate. The project went through an approval process that involved the Board of the Health Sciences Centre, the MHSC, and finally approval by the Cabinet of the time as part of the MHSC capital program. At the Cabinet level this process is oriented toward approval of physical facilities, not toward approval of specific programs. Authorization for detailed construction planning was on again, off again, depending upon changes in government priorities and fiscal circumstances.

In fact, planning for renewed facilities at the HSC dates back to 1978 and earlier. In 1982 the HSC hired the Resource Planning Group, an architectural firm specializing in health facilities, to develop a plan for a new psychiatric facility. The MHSC indicated that there was to be no general increase in programs. At some later point, requests were made by provincial government departments to increase the emphasis on forensic psychiatry services [Health and Attorney-General] and child and adolescent services [Health]. In 1985 the architect was appointed and developed the architectural plan for the facility in consultation with the Department of Psychiatry, Health Sciences Centre, and the Department of Health (MHSC and Mental Health Division). In 1989 MHSC approval for construction was received and the architects were invited to begin planning for construction. The functional plan which the Council has reviewed focuses on architectural details of the facility and descriptions of the staffing of programs with few details about program content and target populations to be served. The operating budget for the new facility and its programs has not been finalized with the MHSC to date.

According to a summary developed by the Mental Health Division, based on data from the MHSC, the initial plan developed by the Health Sciences Centre recommended an increase in staffing from 256 positions to 537 positions - a 110% increase. The functional plan agreed upon at the point where the building plan was finalized in discussions between the Health Sciences Centre, the Manitoba Health Services Commission, and the Mental Health Division called for an increase in staffing from 256 to 418 positions - a 63% increase (162 positions). Most of the new positions are associated with the expanded forensic program (37.5 positions) and child and adolescent program (48.4 positions) with the remaining 76.8 staff positions going to a variety of programs. These figures include clerical support staff but do

not include other support staff such as housekeeping, building security, dietary, laundry, and other general maintenance staff. It would be expected that the expanded staffing and patient load of the new building would require additional resources in these areas as well.

To put these staffing figures in perspective, a comparison with the Department of Health's community mental health program could be considered. There are approximately 50.7 general community mental health positions, 10 child and adolescent mental health workers, and 7 supervisors in the province outside of Winnipeg. In Winnipeg there are 42.5 adult positions, 4 child and adolescent positions, and 5 supervisors and support staff.

CONCERNS ABOUT THE PLANNING AND COORDINATION PROCESS

Our review of the planning and coordination process for the new Health Science Centre facility suggests a number of areas of serious concern.

The Pascoe Report (1982) and the Clarkson Report (1973) before it indicated that there was an imbalance in our current mental health system between programs provided largely from a hospital base and programs provided from a community base. These reports also pointed out the tremendous imbalance between services available in Winnipeg and a few other centres (Brandon, Selkirk, and Winkler) and those available in the other regions of Manitoba. The same issues were identified in the Minister of Health's policy statement titled A New Partnership for Mental Health in Manitoba (November, 1988). In that document, the government enunciated a policy of enhancing community-based regional service to begin to correct this imbalance. In this review we found no indication of a serious consideration of this policy. In fact, the proposed services can be seen to be increasing the imbalance between services available in Winnipeg and those available in other regions and between services provided from a hospital base and those provided from a community base.

A problem which the Council encountered in reviewing the planning process was that in many areas very few of the considerations in planning had been committed to paper (or at least these could not be retrieved) and some of the individuals who were involved in planning no longer live in Manitoba. We had to rely on the memories of the people involved to reconstruct the planning process. We were unable to obtain, for purposes of comparison, documents from the planning of programs developed in the late 1970s or early 1980s, such as the Manitoba Adolescent Treatment Centre or the psychiatric programs at St. Boniface General Hospital.

The planning process for this project focused on the needs of existing programs at the Health Sciences Centre. Very limited data were gathered or considered about the needs of target groups or the communities (within Winnipeg or in other regions) served by the Centre. The group most intensively involved in planning was a multidisciplinary Users Group consisting of the heads of disciplines at the Health Sciences Centre or their delegates. Staff at the Health Sciences Centre have indicated to us that they relied on the Department of Health and the MHSC to provide a region-wide and provincial perspective. Department of Health and MHSC staff, on the other hand, indicated that they felt that the project had approval from the highest levels of their department, and that they had no mandate for region-wide or province-wide planning.

Consultation with groups external to the Health Sciences Centre, other than the Mental Health Division and the Manitoba Health Services Commission, seems to have been very limited. Our review of the consultation process focused on organizations providing services in Winnipeg to similar populations to those to be served in the new program elements. The groups we met with indicated that consultation had been minimal, had been disjointed, and came to a halt well before decisions were made. We were not able to locate any written materials on the consultation process. It would also have been reasonable for user groups outside of Winnipeg Region to be consulted as a significant number of inpatient and consultation referrals originate from outside of Winnipeg. Other than consultation with the Mental Health Division and the MHSC (which have a provincial mandate), there was no indication that consultation with users in regions outside of Winnipeg occurred.

A dramatic example of the impact of this limited consultation process came to our attention in our discussions with clinicians active in providing child and adolescent forensic services. They indicated that they were consulted during one stage of the planning process. At that point there was a plan to have 20 adolescent forensic beds in the new facility. They came back to the planning group with figures from their experience indicating that the number of adolescents requiring this type of program would vary over an expected range of 5 - 6 admissions per year and a likely maximum of 2 to 4 patients being in the program at some times and no patients at other times. To allow for flexible use of the resources, they suggested an arrangement of space and staff to allow the facilities to be used for other purposes at other times and produced detailed suggestions as to how this could be accomplished. They were not contacted again until architectural details of the new facility were announced at HSC Grand Rounds. They were shocked to find that plans for adolescent forensic beds had been eliminated from the program and that there were no indications of alternative services to meet

these needs. Accounts of the decision-making process which we received suggested that the adolescent forensic program was eliminated partly in order to bring the total project within budget. No specific alternative arrangements were made to deal with this special population.

Related to the problem of lack of consultation with other service providers, consumers, community agencies, interested citizens and other regions was a lack of consideration of alternative service delivery models to deal with the needs of consumers. The Council asked individuals involved in planning or administering the various new program elements whether other models of service delivery had been considered. There was no indication that this had taken place. It is simply not possible to establish which service delivery options are most efficacious and economical without an explicit consideration of alternatives. This is basic to good planning practices.

In the case of existing programs, it was assumed that the programs should go into the new facility with much the same configuration as before. There seemed to be an implicit assumption that any changes in the model of service delivery could come about only through additional resources, not through reallocating resources within the existing base. This view was not only held by Health Sciences Centre staff - it seemed to be held by Department of Health staff also. The existing network of resources at the Health Sciences Centre grew over many years of evolution without an integrated plan. They were based on models of service delivery that were accepted at the time (the 1950s and 1960s). There is no analysis to indicate that this would be the cost-effective mix of resources to deliver the services required by the citizens of Manitoba in the 1990s and the 21st Century. In other jurisdictions, planning for future programs is putting much more emphasis on services delivered in the home and by community-based service centres and much less emphasis on inpatient programs. Home and ambulatory programs tend to be as effective and more cost-beneficial than inpatient care, and produce higher levels of consumer satisfaction.

A notable exception to the lack of change in existing programs was the decision to move the Child Partial Hospitalization Program from the hospital to the public school system. This is consistent with the current emphasis in the education system on serving children close to their homes in settings which are integrated to the greatest extent possible with other educational programs.

The process used in developing the plan for the facilities at the Health Sciences Centre focused on physical plant and staffing. There is little detail in the functional plan about the specific programs, their goals, and how they will operate. Little is said, for example, about priorities for service, particularly in

new programs which have presumably been established to serve unmet needs on a high priority basis. The functional plan is silent, for the most part, about issues of coordination of new programs with existing programs in Winnipeg Region.

In its review, the Council decided to gather more detailed information on the major new program elements because these raise more issues of coordination and planning than the program elements which are simply rehoused.

Child and Adolescent Programs

The 10 new beds and 12 - 15 new day hospital places in the Child and Adolescent Program are a major commitment of new resources to programs in the child and adolescent area. One concern which Council members encountered was that these resources will be located literally across the street from the Manitoba Adolescent Treatment Centre, the largest facility providing this type of service in Manitoba. Current staff from MATC, some of whom had been in place since 1986, indicated that they had been consulted only in a very minimal way in the planning for the new program in spite of their offers to participate in the planning process. They expressed concern that the new program should not duplicate programs already provided at MATC. On the other hand, Dr. Keith Sigmundson was very involved in the planning by the User Group when he was Clinical Director of MATC and Head of Child and Adolescent Psychiatric Services for the Department of Health.

The Council Planning and Coordination Subcommittee raised the issue of duplication of services when it met with staff of the Child and Adolescent program at the Health Sciences Centre. Reassurance was given that there would not be duplication of service. When subcommittee members asked about the assessment of need for the inpatient and day hospital programs and the target population(s) to be served, however, we were informed that this had not yet been established in the planning process. It is of serious concern that such significant resources have been committed without a rationale based upon high unmet need of a particular group of potential consumers. This is especially worrisome in an era of such scarce resources and acknowledged need for community-based service.

Forensic Mental Health Services

The other major addition of new resources to the facility at the HSC is 20 new inpatient adult forensic beds. In the current system, where the forensic program is integrated with a locked ward of the general adult inpatient service, the typical census of forensic inpatients is from 8 to 10 with higher peaks at times and a low of 2 to 3 patients experienced during the summer. Our discussion of plans for the increased capacity with staff of the Forensic Service indicates that it had not yet been established

what target group might be served with the additional forensic inpatient beds. Some of the possibilities which have been discussed included sexual offenders and persons with personality or impulse disorders. There has been no consideration of whether a forensic inpatient setting would be the most cost-effective setting in which to meet this need.

Another very important issue in the planning of forensic mental health services is the requirement in the provincial system for longer term care for some individuals, particularly those on Lieutenant-Governor's warrants. Planning has been underway for a more formal forensic program at Selkirk Mental Health Centre to serve longer term needs. Any linkage between the planning for this program and the programs at Health Sciences Centre has been relatively informal. It will be important in future to closely coordinate planning for these two programs.

Adult Inpatient Services

The addition of dedicated forensic beds also represents a net increase in the number of beds available to serve the general adult inpatient program by an average of 8 to 10 beds. Rather than adjusting the number of adult beds downward accordingly, the proposed plan calls for an increase in the number of general adult beds of one. Again, there is no needs assessment to indicate that this is the best use of new resources.

Data from a survey of Winnipeg area hospitals by Winnipeg region staff in March, 1990 indicate that there were a total of 50 patients in Winnipeg area adult inpatient psychiatry units who were awaiting placement in more appropriate residential alternatives. Seventeen of these patients were at the Health Sciences Centre. This raises the question of whether, in a regional planning context, it would be more appropriate to focus more resources on community-based supportive housing for persons with mental health problems to allow more effective use of existing hospital resources rather than to continue to expand the number of inpatient beds.

There is also very limited or no availability in Winnipeg of services which would assist persons who could be considered for inpatient hospitalization to remain in their homes or other community settings and receive supports there. The Home Care program, which provides a large amount of service to persons with physical disabilities, and serves as an alternative to hospitalization or nursing home care for some, does not accept clients with mental health problems unless they also have physical disabilities which would warrant the provision of Home Care. Some of the community supports which would serve as a more efficacious and economical alternative to inpatient hospitalization for some consumers include mobile crisis intervention, intensive case management, respite services for

families and caregivers, and safe houses to use during a crisis period. The mobile crisis intervention team, which has recently been developed in Winnipeg, is able to serve only a small proportion of those who might be able to benefit from this program and focuses on the group of clients known to the community mental health service.

Training of Mental Health Service Providers

One of the arguments the Council encountered in discussing the mix of programs proposed in the functional plan was that a full range of programs is necessary in the Health Sciences Centre complex to allow adequate training of new mental health professionals. This was particularly emphasized when we discussed the Child and Adolescent program proposals. In the view of the Council, it would be more appropriate to consider training models which focus on areas and models of service delivery where human resources will be required in the future. Often this can be done through cooperation with existing services which could place supervised students in existing programs rather than developing whole new training settings. In health care in general, there has been concern about training professionals mainly in one type of setting (for example, tertiary care) when in fact their services will be in most demand in other areas (for example, consultation to community agencies, services to regions outside of Winnipeg, and consultation to primary service providers). Research on the training of mental health professionals indicates that they tend to prefer to work in the types of settings in which they received their training and to provide the types of services which were the focus of their training. Some of the most pressing needs for service in Manitoba are in areas outside of Winnipeg and in community settings and these should be considered in the continued development of training programs. Although the Health Sciences Centre proposal focused on training issues, this issue was not addressed in the planning for the new facility.

Historically, the province has also looked to the university and to the tertiary care facilities for assistance in health services planning. Typically the university has welcomed this role. In this case there was a serious failure to consider the wider context in the planning process. This suggests that it will be important for educational institutions in the province which train mental health professionals to focus more on assisting faculty and students in developing an understanding of appropriate planning and administration approaches. Health care system planning, evaluation, and administration is becoming an important field which requires special expertise and it will be necessary to ensure that this expertise continues to develop in Manitoba.

Planning and Coordination Deficiencies

The review identified a number of serious problems in planning and coordination process outlined above. A major problem in the planning for the new aspects of the program is that there has not been an adequate needs assessment or problem identification. In the case of both the Forensic and the Child and Adolescent Inpatient program expansions it seems that the solution (an increase in very costly inpatient programs) has been identified before there is a clear identification of the problem. The HSC staff involved in planning these programs are no longer in these positions but the view of the new administrative staff seemed to be that appropriate solutions had been identified and now the challenge is to identify problems which fit with the preferred solution.

If the solution is identified before the problem, there is no possibility of considering which are the highest priority problems facing our system and which would be the most cost-effective approaches to deal with these problems. This deficiency is particularly serious given the imbalance in resource allocation in our current system. In the case of child and adolescent services for example, there are 10 child and adolescent community mental health workers in the province outside of Winnipeg and four in Winnipeg. No one seems to have asked whether the best approach to dealing with the needs in this area is to locate an additional 50 positions serving this population in downtown Winnipeg, less than one block from the Manitoba Adolescent Treatment Centre, where service is already so highly concentrated. In the view of the Council these issues should be thoughtfully considered before a decision is made on allocating the new resources to these programs. It will be particularly important to involve interested groups (for example, the Regional Councils) outside of Winnipeg in this process.

Another serious deficiency in the planning process is that it was not oriented toward the government's announced policy goal of enhancing the ratio of community-based to institutionally-based services.

We have no reason to believe that the planning process identified in this review deviated from the planning process used in developing other mental health facilities and programs in the past. In fact, representatives of government departments and hospitals indicated that planning for mental health services has never been based on indicators of need. The planning process for other mental health facilities and programs has also tended to focus on the specific organization and not on region-wide or province-wide concerns. It will be important to remedy the shortcomings identified in this process in the future if we are

to develop the effective mental health system envisioned in A New Partnership for Mental Health in Manitoba (November, 1988) and an effective approach to long range strategic planning.

GENERAL RECOMMENDATIONS FOR THE PLANNING AND COORDINATION OF MENTAL HEALTH SERVICES

1. GUIDING PRINCIPLES: Planning should be based upon guiding principles and policies for mental health services.

The Mental Health Division of the Department of Health has recently completed a consultation process to develop an explicit set of guiding principles and policies. This is a major accomplishment. The current principles grew out of principles stated in the Pascoe Report (1982) which were accepted by the Department of Health following wide public discussion of the Report.

2. PLANNING MODEL: Planning should follow an explicit planning model which identifies the important issues to be considered in planning. Planning considerations should be addressed in written reports which are made available to stakeholder groups in an ongoing consultation process.

The Department of Health should develop a standard format for program plans to insure that the important planning considerations are addressed. Winnipeg area hospitals have substantial resources available for planning. Programs in other settings and other geographic areas may require more assistance in the planning process because of the more limited resources available to them.

3. NEEDS ASSESSMENT: Planning should reflect the needs of citizens of the region and the province as determined through empirical needs assessment techniques.

In needs assessment and planning special attention should be paid to groups with special needs including persons with long term mental disabilities, Manitoba's Aboriginal communities, and the immigrant and multicultural communities. In needs assessment and planning it is important to involve representatives of these special needs groups in order to have the information needed to develop culturally appropriate programs that fit with the preferences of consumers. System planning must be driven by goals that come from the consumer population. Every program should have a procedure in place for the ongoing identification of the needs of consumer groups and the local community. This information will assist the program in adjusting to more effectively meet consumer needs.

4. CONSIDERATION OF ALTERNATIVE MODELS OF SERVICE DELIVERY: In planning services for specific consumer needs a range of alternative models of service delivery should be considered. Most needs may be served in a variety of ways. In deciding on the most appropriate model factors such as program effectiveness, program cost, consumer preferences, and consistency with government policies should be considered.

5. CONSIDERATION OF HUMAN RESOURCES: Planning should consider the range of human resources required to deliver the program. The feasibility of recruiting the staff without having a negative impact on existing resources in the region and the province should be considered. Decisions regarding program staffing should be based on the most favourable balance of demonstrated effectiveness, availability, and cost. Program goals should not be sacrificed if particular staffing resources are not available.

As discussed in the point outlined above, many programs may be provided with a variety of different resources. Important services to Manitoba citizens should not be withheld or delayed because of difficulty recruiting staff in particular disciplines to particular geographic locations or service areas (for example, services to more disabled persons). Programs can often deal with these issues through arrangements for appropriate external consultation and flexible staffing of programs.

6. EVALUATION OF EXISTING PROGRAMS: Planning efforts should not focus exclusively on the development of new programs but should also be oriented toward ensuring that existing programs serve the citizens of Manitoba in the most cost-effective manner possible.

An important aspect of this planning process is an ongoing needs assessment and program evaluation function. Needs assessment should consider both the needs of consumers currently using the system and individuals in the community with significant mental health needs that are not being met. The Mental Health Division has an important leadership role to play here.

In our current system, for example, Winnipeg area hospitals have large and active planning departments. Usually the energies of these departments are focused on developing new programs to maximize the missions of these organizations and on responding to external challenges (such as strikes or plans for renovations). It would be helpful if these resources and the energy of administrators could also be applied to program evaluation and improvement within the existing resource base in line with the principles and policies outlined in points 1, 2, 3, and 4 above.

7. WIDE CONSULTATION DURING THE PLANNING PROCESS: Planning for a program should consider how the program will relate to existing resources. There should be a formal process of consultation with stakeholders in the system including consumers and their families, other providers in the formal mental health system, other community human service agencies, and government departments. In the future, the Regional Councils will be able to assist in this task.

8. FLEXIBLE ALLOCATION OF RESOURCES: Programs within a region should allow for flexible allocation of resources so that needed resources may move with the consumer, rather than being attached to a facility.

Information on past patterns of use indicates that the demand for high intensity services (for example, inpatient programs) varies considerably over time. The development of a fixed capacity in a specific geographic location often results in a less than optimal use of resources. Flexible program alternatives should be developed to allow the mental health system to respond to changing patterns of need. This is particularly the case with specialized programs. Many current models of service delivery allow resources to adjust rapidly and to move as the needs of the consumer change. Community-based services are advantageous in this regard because they rely less on centralized capital resources and more on flexible human resources.

9. ADMINISTRATION AND PLANNING KNOWLEDGE BASE: Programs with responsibility for training mental health professionals should ensure that students develop a sound knowledge base regarding appropriate administration and planning processes to be used in developing and improving service delivery.

10. APPROPRIATE TRAINING SETTINGS: Training of mental health professionals should take place in settings as similar as possible to the settings of future practice.

Research on the training of mental health professionals indicates that they tend to prefer to work in the types of settings in which they received their training and to provide the types of services which were the focus of their training. Some of the most pressing needs for service in Manitoba are in areas outside of Winnipeg and in community settings. Our training programs should place a high priority on ensuring that trainees have the experience and the appropriate skills to function effectively in the settings where there is the greatest need for their services.

11. DIRECTION AND COORDINATION OF SERVICE: The Mental Health Division should maintain information about the organizations providing mental health services funded by the MHSC and the Department of Health. This information should establish the mandate of each organization and the target population served.

The Council's meetings with a variety of service providers in the child and adolescent area indicated that there have frequently been changes in the population served by specific programs over the years after the funding has been established. The same situation exists in the area of adult services. At this point there is not a process for monitoring these changes and insuring that they fit with the principles, policies, and priorities of the overall mental health system. In fact, there is no process at present for clearly establishing the mandates of existing programs or for reorienting their mandates to high priority needs. Changes in service delivery models and target populations may represent important and positive innovations in mental health care, but if such changes are not monitored there are also risks that services focused on important community needs will be abandoned, that duplication will occur, or that higher priority needs will not be served.

SPECIFIC RECOMMENDATIONS REGARDING THE NEW HEALTH SCIENCES CENTRE FACILITY AND PROGRAMS

While this review centred on the planning and coordination process, it is evident that it is not possible to analyze the process without gaining detailed knowledge of the facility being planned. As we progressed, it became evident that discrepancies arose between the declared Department of Health policies and the new facility. These discrepancies arose because of deficiencies in the planning process, however, considering the mandate of this Council it is our opinion that we are obliged to respond to these resultant discrepancies. The Council has thus prepared the following recommendations with respect to the HSC facility.

The resources committed to the new Health Sciences Centre facility represent a significant increase by the Government of Manitoba in the resources committed to mental health services. It is important to the development of an effective mental health service system for the citizens of Manitoba that these new resources be maintained in the mental health service system. Unfortunately, the planning for the new facility at the HSC was seriously flawed. Implementation of the programs for the new facility as planned would significantly exacerbate the imbalances in Manitoba's mental health system between services provided in Winnipeg and those provided in other regions and between services provided from a hospital base and those provided in the community. The strong preference for inpatient services implicitly expressed in the plan will result in a much less cost-effective service delivery system than that which is available from other widely accepted models of service delivery. Fewer consumers needing assistance will be served within the existing resource base.

The Council realizes that making changes in the allocation of resources at this point would be a difficult process. Some people have suggested that the planning process is so far along that the programs should go ahead as described even if the process has had serious problems and the resulting programs may be far from an optimal solution. They have suggested that we should turn our attention instead to new programs to be developed in the future. The problem with this view is that the expansion of the facilities at the HSC is likely to be the largest addition of new resources to the system for many years to come. If we do not consider the alternatives, many urgent needs in other areas of Winnipeg Region and in other regions of the province will not be met.

The new Manitoba Health Long Range Strategic Plan (Mr. Frank Maynard, Deputy Minister of Health, Fall 1990) indicates that we are facing increasing fiscal restraint in public services and that we must better manage our existing resources to produce the best outcomes possible. This will include significant health care system changes to achieve a more effective service delivery model. Rather than assuming that all present programs should go ahead indefinitely as they are constituted, we must consider if these resources can be used more effectively. In the case of the Health Science Centre project, it is much more efficient to consider changes before staffing levels have been approved and staff has been recruited than to establish the programs and then attempt to change them to serve the public more effectively.

EXISTING PROGRAMS

Staff resources were added to a number of existing programs during the planning process. The review of the planning and coordination process provides no indication that these expansions in staffing would best meet the needs of the citizens of Manitoba, particularly in the context of urgent needs in other areas of our mental health care system. **Consequently, the Council recommends that there be no net addition of staff to existing programs at the Health Sciences Centre.** As an alternative, there should be a consideration of where in our current provincial mental health system these new resources could be used more effectively (especially including a consideration of the needs of regions outside of Winnipeg and the policy of enhancing community-based services). The additions proposed by the Health Sciences Centre should be considered as a part of this process.

The planning for the existing programs being transferred to the new facility has not been completed. Although the programs have been planned in the broadest terms (physical plant, staffing, and geographic location) many details of program content and target population have not been specified. **The Council recommends that there be a process for more public input into the planning for**

the existing services which are to be moved into the new facility. Particular focus should be placed on whether it is possible, within existing resources, to develop a more effecacious and economical mix of services. The Winnipeg Regional Mental Health Council would be happy to assist in this process.

An example of changes in the mix of services would be to consider increasing the emphasis on consultation to primary service providers. Currently, consultation services are available to the Brandon Mental Health Centre through a video link. It would seem that developing a highly responsive consultation service to primary care givers using modern information technology should be a high priority for a tertiary care centre. Would it be possible, for example, to develop a cost-effective consultation service to primary care givers such as family physicians in Winnipeg and other regions using a highly accessible telephone consultation service? The Council understands that some activity is already underway in planning a teaching program for family practitioners interested in broadening their skills in providing psychiatric services. A telephone consultation service is one aspect of this service which is being considered.

NEW PROGRAMS

The major new programs planned for the facility raise many more issues of planning and coordination than the transfer of existing programs. The review indicates that there has clearly been inadequate planning and consultation with existing service providers and stakeholders in the community in the development of the proposed programs.

Child and Adolescent Programs

Although it is widely agreed that there should be a high priority on services for children and adolescents, there is no information to indicate that the proposed expansions at the Health Sciences Centre will be the most effective model to meet these needs. **The Council recommends that the increased staffing for the programs not be approved and that, as an alternative, the Mental Health Division undertake a process with wide consultation to determine where the resources committed to these programs could best be allocated to meet high priority needs within the community-based child and adolescent mental health system.** A number of areas of pressing need were identified in the review process, for example, community mental health services for children and adolescents living outside of Winnipeg, emergency services to persons in the age range of 16 - 17 years who do not fit well in adult programs, mental health services to children and adolescents in the young offender and child and family service systems, and services to young people with chemical dependency problems. These are simply examples of some of the areas identified by groups who met with

the Council, we made no attempt to develop a comprehensive review of the needs in this area.

Forensic Services

There is wide agreement that more resources are needed to deal with the needs of persons who have both mental health problems and involvement with the legal system. The Council was very concerned, however, about the lack of clarity about how the additional capacity in the forensic service would be used. **The Council recommends that the total adult bed census (including general and forensic services) be maintained at the current level. The Council also recommends that the Mental Health Division undertake a study of the most effecacious and economical use of the resources originally allocated to the expansion of forensic programs at the Health Sciences Centre to meet high priority mental health needs of Manitobans requiring forensic mental health care.**

The Council was also concerned about the limited coordination between the planning process for the Forensic Psychiatry Program at the Health Sciences Centre and planning for longer term forensic programs at the Selkirk Mental Health Centre. **The Council recommends that the planning for any new forensic program at the Selkirk Mental Health Centre, which presumably would serve residents of Winnipeg Region as well as other regions, should conform with the planning process outlined above.**

Adult Services

The creation of a dedicated adult forensic inpatient service will free up capacity in the general adult inpatient service. If the general adult bed count remains at the current level this would represent a net addition of resources in that area by the number of beds usually occupied by forensic patients. As outlined in the recommendation above, the total bed count should be adjusted so that there is not a net increase in the number of general adult inpatient beds. The additional resources may then be applied to other high priority uses in the community mental health system.

Implementation of Recommended Changes

There is naturally some concern that if the staffing for the new and additional services were not funded there would be unused space in the new facility. Space is typically very much in demand in Winnipeg's teaching hospitals and it would be possible to find tenants who could make good use of it. For example, during the planning process space for a number of uses (for example, patient recreation, teaching, and research) was cut due to budget limitations. If there is further development of the community mental health system and self help groups, these

organizations will also have space requirements. Given that the operating costs of programs are relatively much higher than the capital costs, it may be more effective to leave some space unoccupied for some period of time than to establish programs which do not serve the needs of Manitobans in the most cost-effective manner.

APPENDIX A: MEETINGS WITH GUESTS FROM EXTERNAL GROUPS ABOUT PLANNING AND COORDINATION OF SERVICES IN WINNIPEG REGION

COUNCIL MEETINGS:

May 8, 1990 - Overall Planning Issues - Dr. Bill Bebchuk, Head of Psychiatry; Dr. John Horne, Vice President for Strategic Planning; Health Sciences Centre.

June 12, 1990 - Overall Planning Issues - Mr. Reg Toews, Assistant Deputy Minister for Mental Health; Mr. Sean Drain, Manitoba Health Services Commission; Dr. Anwar Islam, Mental Health Division, formerly Manitoba Health Services Commission; Dr. Rudy Ambtman, Mental Health Division.

October 9, 1990 - Adult Forensic Services - Mr. Bob Smith, Psychologist, Headingly Correctional Institute; Dr. Stan Yaren, Head Forensic Psychiatry, Health Sciences Centre.

COUNCIL PLANNING AND COORDINATION SUBCOMMITTEE MEETINGS

(Subcommittee members: Ms. Yolanda Efshen, Mr. Sid Frankel, Ms. Lucia Jofre, Dr. Allan Katz, Ms. Carol Renner, Dr. John Walker (chair), Dr. Pat Wightman)

September 27, 1990 - Child and Adolescent Services - Manitoba Adolescent Treatment Centre - Dr. Keith Hildahl; Ms. Heather Mutcheson

October 22, 1990 - Child and Adolescent Services - Ms. Alona Douglas, Dr. Jerry Sawyer, Child and Adolescent Inpatient Psychiatry Service - St. Boniface General Hospital.

November 1, 1990 - CoCAPS (Coordination of Child and Adolescent Psychiatric Services - Dr. Clive Manswell, Dr. Lynn Shelton, Dr. Ken Webster.

November 19, 1990 - Child and Adolescent Services - Dr. Thor Choptiany, Head, Child and Adolescent Psychiatric Services, Health Sciences Centre.

APPENDIX B: DOCUMENTS REVIEWED

1. PsycHealth Centre (HSC) - Component Diagrams (Architectural Design) (October, 1989)

2. HSC Psychiatry Project - Review and Recommendations, Mental Health Directorate, October 1986.

3. Report on Forensic Psychiatric Services Proposal for HSC, Mental Health Directorate (April, 1986)

4. Health Sciences Centre Functional Program -Psychiatry Project, Resource Planning Group (July 31, 1989).

5. Child and Adolescent Psychiatric Services: Resource Directory, Coordination of Child and Adolescent Psychiatric Services and Manitoba Department of Health, Child and Adolescent Mental Health Services (December 1988).

6. A New Partnership for Mental Health in Manitoba, Department of Health (November, 1988).

7. Letter from President of Health Sciences Centre regarding planning process, August 3, 1990.

8. Manitoba Health - Long Range Strategic Plan, F.A. Maynard, Deputy Minister of Health, Fall 1990.

9. Material on current mandate for services at Manitoba Adolescent Treatment Centre, staff of Manitoba Adolescent Treatment Centre, Fall 1990.

10. Material on planning process for Manitoba Adolescent Treatment Centre, staff of Mental Health Division, Fall 1990.

11. Material on current mandate of St. Boniface General Hospital Child and Adolescent Psychiatry programs, staff of program, Fall 1990.

12. Individuals requiring community placement and awaiting placement in Winnipeg Hospitals as of March 1990, Manitoba Department of Health, Winnipeg Region (December 18, 1990).

13. Cohen, M., & Anthony, W.A. (1988). A commentary on planning a service system for persons who are mentally ill: Avoiding the pitfalls of the past. Psychosocial Rehabilitation Journal, 12, 69-71.